

PATENT

I certify that on 10/22/01, which is the date I am signing this certificate, this correspondence and all attachments mentioned are being deposited in the United States Postal Service "Express Mail to Addressee," under 37 C.F.R. § 1.10 in an envelope addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Docket No. 15916-288

Craig A. Slavin

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner For Patents
BOX Patent Application
Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the new patent application of:

Inventor(s): Huy D. Phan

Title: APPARATUS FOR SUPPORTING DIAGNOSTIC AND THERAPEUTIC ELEMENTS IN CONTACT WITH TISSUE INCLUDING ELECTRODE COOLING DEVICE

Enclosed are:

- ☒ Specification, claims and abstract, totalling 30 pages.
☒ 7 Sheets of Drawings X Informal Formal (Figs. 1-17)
☒ Declaration and Petition (unsigned)
☐ Assignment of the invention to Scimed Life Systems, Inc. including Assignment Cover sheet and
 Check No. for \$40.00
☐ A Power of Attorney
☐ A Verified Statement Claiming Small Entity Status

The filing fee has been calculated as shown below:

FOR:	CLAIMS FILED	NO. EXTRA	SMALL ENTITY RATE	SMALL ENTITY FEE	STANDARD RATE	STANDARD FEE
BASIC FEE				\$370		\$740
TOTAL CLAIMS	31 minus 20 =	11	X \$9	\$	X \$18 =	\$198
INDEPENDENT CLAIMS	3 minus 3 =	0	X \$42	\$	X \$84 =	\$
MULTIPLE DEPENDENT CLAIMS PRESENTED			X \$130 =		X \$280 =	
			TOTAL \$	\$	TOTAL	\$938

- ☐ Please charge my Deposit Account No. 50-0638 the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ 740 to cover the filing fee is enclosed.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0638. A duplicate copy of this sheet is enclosed.
- ☐ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 50-0638. A duplicate copy of this sheet is enclosed.
- ☐ Any filing fees under 37 C.F.R. 1.16 for presentation of extra claims.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17.

~~Respectfully submitted,~~

Date _____

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